## **EXHIBIT DD**

# Estate of Richard Lopez

## VCF Documentation



October 11, 2019

#### **ELIZABETH GARCIA-ROMAN**



#### Dear ELIZABETH GARCIA-ROMAN:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. You submitted an Eligibility Form on behalf of RICHARD LOPEZ. Your claim number is VCF0111683. Your Eligibility Form was determined to be substantially complete on October 10, 2019. As stated in the Regulations and on the claim form, by filing a substantially complete Eligibility Form, you have waived your right to file or be a party to a September 11threlated lawsuit on behalf of the decedent and his or her survivors.

#### The Decision on your Claim

The VCF has determined that the decedent has met the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, the decedent has been found eligible for the following injuries:

MALIGNANT NEOPLASM OF THORACIC ESOPHAGUS AND RELATED PHYSICAL CONDITIONS: EMBOLISM AND THROMBOSIS OF UNSPECIFIED SITE; ESOPHAGEAL REFLUX; INCI HERNIA WITHOUT MENTION OBSTRUCTION/GANGRENE

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

#### **What Happens Next**

If the decedent was certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.



If you believe the decedent had eligible injuries not treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating the amount of any compensation, you should amend your claim. If you choose to amend your claim, you will need to use the VCF Private Physician process. The Private Physician process is a way for the VCF to gather the required information about the decedent's treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

If the decedent did not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

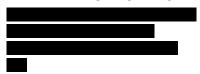
Rupa Bhattacharyya Special Master September 11th Victim Compensation Fund

cc: WENDELL TONG



January 14, 2020

#### **ELIZABETH GARCIA-ROMAN**



#### Dear ELIZABETH GARCIA-ROMAN:

The September 11th Victim Compensation Fund ("VCF") has reviewed your claim for compensation. Your claim number is VCF0111683. Your claim form was determined to be substantially complete on November 27, 2019. This means your claim was deemed "filed" for purposes of section 405(b)(3) of the Statute on that date.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as \_\_\_\_\_\_. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

Replacement services loss before death was not awarded. Replacement services loss is typically considered to be a component of loss after death or in claims where the victim did not have prior earned income or worked only part-time outside the home. See 28 C.F.R. 104.43(c), 104.45(c).

The loss of earnings award does not include compensation for the reduction in pension benefits resulting from your husband's death. The loss of pension benefits as a result of a reduction in benefit amount following a victim's death is not a loss of future income compensable by the VCF.

The VCF did not offset the "Line of Duty ITHP Contribution" as a death benefit. This payment is a component of your husband's NYPD pension, and it was already factored into the VCF's calculations of his disability pension offset.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.



#### **What Happens Next**

The VCF will deem this award to be final and will begin processing the full payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF.

Appealing the Award: You may request a hearing before the Special Master or her
designee if you believe the amount of your award was erroneously calculated, or if
you believe you can demonstrate extraordinary circumstances indicating that the
calculation does not adequately address your loss. If you choose to appeal, your
payment will not be processed until your hearing has been held and a
decision has been rendered on your appeal.

To appeal the award, you must complete two steps by the required deadlines:

- 1. Complete and return the enclosed Compensation Appeal Request Form within 30 days from the date of this letter. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter, you will have waived your right to an appeal and the VCF will begin processing any payment due on your claim.
- 2. Complete and submit your Compensation Appeal Package (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than 60 days from the date of this letter. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under "Frequently Asked Questions" and in the "Policies and Procedures" document.

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

• Amending your Claim: You may amend your claim in the future if your circumstances change and you have new information to provide to the VCF that you believe warrants additional compensation. The VCF website has important information about the specific circumstances when it is appropriate to request an amendment. For more information and examples of such situations, please refer to "Section 5 – Amendments" in the VCF Policies and Procedures document available under "Forms and Resources" on the VCF website. Please review the information carefully when deciding whether to amend your claim. If you submit an amendment, the VCF will review the new information and determine if it provides the basis for a



revised decision.

• Notifying the VCF of new Collateral Source Payments: You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the www.vcf.gov website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya Special Master September 11th Victim Compensation Fund

cc: WENDELL TONG



### **Award Detail**

Claim Number: VCF0111683
Decedent Name: RICHARD LOPEZ

| PERSONAL INJURY CLAIM (Losses up to Date of      | of Death) |  |  |  |
|--|-----------|--|--|--|
| 15 6   |           |  |  |  |
| Lost Earnings and Benefits                       |           |  |  |  |
| Loss of Earnings including Benefits and Pension  | \$0.00    |  |  |  |
| Mitigating or Residual Earnings                  |           |  |  |  |
| Total Lost Earnings and Benefits                 |           |  |  |  |
| Offsets Applicable to Lost Earnings and Benefits |           |  |  |  |
|  | \$0.00    |  |  |  |
| Disability Pension                               | \$0.00    |  |  |  |
| Social Security Disability Benefits              | <b>**</b> |  |  |  |
| Workers Compensation Disability Benefits         | \$0.00    |  |  |  |
| Disability Insurance                             | \$0.00    |  |  |  |
| Other Offsets related to Earnings                | \$0.00    |  |  |  |
| Total Offsets Applicable to Lost Earnings        |           |  |  |  |
| Total Look Commission and Donofite Assessed      |           |  |  |  |
| Total Lost Earnings and Benefits Awarded         |           |  |  |  |
| Other Economic Losses                            |           |  |  |  |
| Medical Expense Loss                             | \$0.00    |  |  |  |
| Replacement Services                             | \$0.00    |  |  |  |
| Total Other Economic Losses                      | \$0.00    |  |  |  |
|  |           |  |  |  |
| Total Economic Loss                              |           |  |  |  |
| Total Non-Economic Loss                          |           |  |  |  |
| Subtotal Award for Personal Injury Claim         |           |  |  |  |



| DECEASED CLAIM (Losses from Date of Death)                |        |  |  |  |  |  |
|---|--------|--|--|--|--|--|
| Loss of Earnings including Benefits and Pension           |        |  |  |  |  |  |
| Loss of Lannings including benefits and Pension           |        |  |  |  |  |  |
| Offsets Applicable to Lost Earnings and Benefits          |        |  |  |  |  |  |
| Survivor Pension  |        |  |  |  |  |  |
| SSA Survivor Benefits                                     | \$0.00 |  |  |  |  |  |
| Worker's Compensation Death Benefits                      |        |  |  |  |  |  |
| Other Offsets related to Earnings \$                      |        |  |  |  |  |  |
| Total Offsets Applicable to Loss of Earnings and Benefits |        |  |  |  |  |  |
| Total Lost Earnings and Benefits Awarded                  |        |  |  |  |  |  |
|   |        |  |  |  |  |  |
| Other Economic Losses                                     |        |  |  |  |  |  |
| Replacement Services                                      |        |  |  |  |  |  |
| Burial Costs  | \$0.00 |  |  |  |  |  |
| Total Other Economic Losses                               |        |  |  |  |  |  |
| Total Economic Loss                                       |        |  |  |  |  |  |
| Non-Economic Loss   |        |  |  |  |  |  |
| Non-Economic Loss - Decedent                              |        |  |  |  |  |  |
| Non-Economic Loss - Spouse/Dependent(s)                   |        |  |  |  |  |  |
| Total Non-Economic Loss                                   |        |  |  |  |  |  |
| Additional Offsets  |        |  |  |  |  |  |
| Social Security Death Benefits                            |        |  |  |  |  |  |
| Life Insurance \$0.                                       |        |  |  |  |  |  |
| Other Offsets   |        |  |  |  |  |  |
| Total Additional Offsets                                  |        |  |  |  |  |  |
| Subtotal Award for Deceased Claim                         |        |  |  |  |  |  |



| Subtotal of Personal Injury and Deceased Claims               |            |
|---|------------|
| PSOB Offset   | \$0.00     |
| Prior Lawsuit Settlement Offset                               | \$0.00     |
| TOTAL AWARD   |            |
|   |            |
| Factors Underlying Economic Loss Calculation                  |            |
| Annual Earnings Basis (without benefits)                      |            |
| Percentage of Disability attributed to Eligible Conditions -  | 100.00%    |
| applicable to Personal Injury losses                          |            |
| Start Date of Loss of Earnings Due to Disability - applicable | 02/11/2013 |
| to Personal Injury losses                                     |            |

### **Eligible Conditions Considered in Award**

Malignant Neoplasm of Thoracic Esophagus and Related Physical Conditions: Embolism and Thrombosis of Unspecified Site; Esophageal Reflux; Inci Hernia Without Mention Obstruction/gangrene

# Family Member Affidavits

### Elizabeth Garcia Roman

Page 14 of 16

| UNITED STATES DISTI<br>SOUTHERN DISTRICT | OF NEW    | YORK        |                                     |
|--|-----------|-------------|-------------------------------------|
| In Re:                                   |           |             |                                     |
| TERRORIST ATTACKS<br>SEPTEMBER 11, 2001  | SON       |             | 03-MDL-1570 (GBD)(SN)               |
| RAYMOND ALEXAND                          |           | X           | AFFIDAVIT OF ELIZABETH GARCIA ROMAN |
|  |           | Plaintiffs, | 21-CV-03505 (GBD)(SN)               |
| V.                                       |           |             |                                     |
| ISLAMIC REPUBLIC O                       | F IRAN,   |             |                                     |
|  |           | Defendant.  |                                     |
| STATE OF FLORIDA                         | )<br>: SS |             |                                     |
| COUNTY OF POLK                           | )         |             |                                     |
|  |           |             |                                     |

ELIZABETH GARCIA ROMAN, being duly sworn, deposes and says:

- 1. I am a plaintiff in the within action, am over 18 years of age, and reside at
- 2. I am currently 56 years old, having been born on
- 3. I am the wife of Decedent, Richard Lopez, upon whose death my claims are based. I submit this Affidavit in support of the present motion for default money judgment for the claim made on behalf of my husband's estate and for my solatium claim. On December 20, 2018, I was issued Letters Testamentary as Executrix of my husband's estate by the Commonwealth of Puerto Rico Court of First Instance.
- 4. My husband passed away from esophageal cancer on June 24, 2018, at the age of 52. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

- My husband was a police officer for Precinct No. 8 for the New York Police 5. Department in the Bronx. On the morning of September 11, 2001, he reported to Ground Zero for rescue and recovery efforts, searching for any survivors and missing persons. He remained stationed throughout Lower Manhattan for security duty until he was sent to the Staten Island Fresh Kills Landfill, where he sifted through the debris for months. The prevailing smoke in the area made it difficult for him to see, and he unfortunately was not provided with efficient equipment for protection from the smoke. I know for sure that the national tragedy took an emotional toll on him. I cannot imagine what it must have been like to be overwhelmed with such anguish and grief.
- 6. My husband and I moved to Puerto Rico when he retired from the NYPD so we could live the rest of our lives there. Shortly after retirement, he began showing strange symptoms and visited the doctor for an analysis. He was diagnosed with cancer in the esophagus. This was truly devastating news for us. We decided to move back to New York for treatment. He underwent surgery to have the esophagus removed, as well as half of his stomach, and immediately began chemotherapy and radiation treatment that would last for six months. We moved back to Puerto Rico with the belief that he had fully recovered and the cancer was gone. He belonged to a club where he enjoyed spending his time with his closest friends, and we were hopeful that life would go back to normal so that we would not have to leave Puerto Rico again.
- This was not to be the case. Two years after recovery, the doctors discovered cancer 7. in my husband's lungs and bones. The treatment he was given created many complications, leading to severe pain and a bedridden state. He remained in hospice until his departure from this life on June 24, 2018.
  - After all this time, I am unable to recover from this unfortunate circumstance. I 8.

cannot overcome the painful memories of the September 11<sup>th</sup> attacks because they lead to recollections of my husband's illness and suffering. Thinking of the attacks makes me remember the difficult moments of his illness and his struggle in regaining strength to fight the illness. I could not part from him because our family was unable to help, and we were meant for each other. I could never leave him alone. It is extremely difficult for me to seek medical assistance from psychologists and properly deal with my mental health. The additional loss of two relatives has only saddened me more. It is hard not to feel depressed from these difficult memories, and my husband is no longer here with me to help push me through.

- 9. I will love my husband for the rest of my life and carry him in my heart forever. He was an exemplary man who loved me and his profession. He was the best husband to me. He knew nothing much could be done to relieve his pain, and he thanked me endlessly for not abandoning him. We knew the situation was terrible and inevitable, and we often cried about it together, but we were *together*. We prayed for God to perform a miracle. I feel lonely now that he is no longer here. I miss him terribly.
- 10. I pray for my lovely husband to receive justice. May he rest in the Arms of the Lord. God bless my husband always.

ELIZABETH GARCIA ROMAN

Sworn before me this

day of Aug., 2023

Notary public